

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049599

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12460

STATE FILE NUMBER

FILED JAN 6 1964

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **ST. LOUIS**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **ILL.**

b. COUNTY **MADISON**

c. CITY OR TOWN **GRANITE CITY**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **BARNES HOSPITAL**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
#30 BRIARCLIFF

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First
JOYCE

Middle
E.

Last
JUSTICE

4. DATE OF DEATH

Month
12

Day
16

Year
1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-19-47

9. AGE (last birthday)

16

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
STUDENT

10b. KIND OF BUSINESS OR INDUSTRY
G.C. HIGH SCHOOL

11. BIRTHPLACE (City and state or country)
GRANITE CITY, ILL.

12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

DURRELL JUSTICE

13b. MOTHER'S MAIDEN NAME

LOUISE GILLAND

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT

DURRELL JUSTICE

Address

ILL. GRANITE CITY

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

Fractured skull; Contributing cause: Cerebral Edema and bilateral Pulmonary Congestion; Suffered in an accident in the vicinity of St. Clair & Clinton Co., Illinois, on or about Dec. 13th 1963.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Open Verdict 8254-33

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
OPEN VERDICT

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
See above

20c. TIME OF INJURY
Hour a.m. p.m. **12-13-63**

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Highway 7E

20f. CITY, TOWN, OR LOCATION

St. Clair & Clinton, Illinois

21. I attended the deceased from

315 A

to the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

12-17-63

23a. BURIAL, CREATION, REMOVAL (Specify)

23b. DATE

12-17-1963

23c. NAME OF CEMETERY OR CREMATORY

ST. JOHNS CEMETERY GRANITE CITY, ILLINOIS

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

FRANK MERCER GRANITE CITY, ILL.

25. DATE RECD. BY LOCAL REG.

DEC 17 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1

28120-

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Frank R. Mercer

Licensed Embalmer No. _____

4420

P. O. Address _____

Grand City, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.